



**GREGORY J. SMITH**  
**RECORDER/COUNTY CLERK**  
**COUNTY OF SAN DIEGO**  
1600 PACIFIC HIGHWAY, RM. 260  
P.O. BOX 121750 SAN DIEGO, CA 92112-1750  
(619) 237-0502



---

---

**FICTITIOUS BUSINESS NAME STATEMENT**

<b>Description</b>	<b>Quantity</b>	<b>Amount</b>
<b>Statement of Abandonment of Use of Fictitious Business Name</b>		
<b>Newspaper Copy</b>		
<b>Customer Copy</b>		
	<b>Total</b>	

**Please mail the form and check to:**  
**San Diego Recorder/County Clerk**  
**Attn: Fictitious Business Names**  
**P O Box 121750**  
**San Diego CA 92112-1750**

## INSTRUCTIONS FOR COMPLETION OF STATEMENT

### Where (1) appears in the form on the front side:

- Print the fictitious business name or names exactly as registered.
- Only those businesses operated at the same address by the same owners may be listed on one statement.

### Where (2) appears in the form on the front side:

- If registrant has a place of business in this state, print the street address of his or her principal place of business in this state.
- If registrant has no place of business in this state, print the street address of his or her principal place of business outside this state.
- Mail Box and Post Office Box Numbers are not acceptable as a business address.

### Where (3) appears in the form on the front side:

- Print date filed and original file number of the fictitious business name statement.

### Where (4) appears in the form on the front side:

- If registrant is an individual or husband and wife, print the full name(s) and residence address(es).
- If registrant is a partnership or other association of persons, insert the full name and residence of each general partner.
- If registrant is a limited liability company, insert the name of the limited liability company as set out in its articles of organization and the state of organization.
- If registrant is a business trust, insert the full name and address of each trustee.
- If registrant is a corporation, insert the name of the corporation as set out in its articles of incorporation and the state of incorporation.

### Where (5) appears in the form on the front side:

- If registrant is an individual or husband or wife, the statement shall be signed by an individual.
- If registrant is a partnership or other association of persons, the statement shall be signed by a general partner.
- If registrant is a limited liability company, the statement shall be signed by a manager or officer. State title.
- If registrant is a business trust, the statement shall be signed by a trustee. State title.
- If registrant is a corporation, the statement shall be signed by an officer. State the title of the officer.

---

---

**PUBLICATION REQUIREMENTS: WITHIN 30 DAYS AFTER YOUR STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME HAS BEEN FILED, PUBLICATION MUST BEGIN IN A NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY IN WHICH THE PRINCIPAL PLACE OF BUSINESS IS LOCATED. THE PUBLICATION MUST BE ONCE A WEEK FOR FOUR SUCCESSIVE WEEKS AND AN AFFIDAVIT OF PUBLICATION FILED WITH THE RECORDER/COUNTY CLERK WITHIN 30 DAYS IN THE AREA WHERE THE BUSINESS WAS CONDUCTED. (BUSINESS AND PROFESSIONS CODE SECTION 17917) (PARAPHRASED).**

---

---



**GREGORY J. SMITH**  
**RECORDER/COUNTY CLERK**  
**COUNTY OF SAN DIEGO**  
1600 PACIFIC HIGHWAY, RM. 260  
P.O. BOX 121750 SAN DIEGO, CA 92112-1750  
(619) 237-0502

SELECTED COPIES:

NEWSPAPER	Yes	No
CUSTOMER	Yes	No

**FILING FEE -**

THIS SPACE FOR USE OF RECORDER/COUNTY CLERK

**STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME**

**(1) FICTITIOUS BUSINESS NAME(S):**

a. \_\_\_\_\_

b. \_\_\_\_\_

**(2) LOCATED AT:** \_\_\_\_\_  
(Must have Street Address of Business including City, State and Zip – P.O. Box not acceptable)

Mailing Address: \_\_\_\_\_  
(Optional)

**(3) THE FICTITIOUS BUSINESS NAME REFERRED TO ABOVE WAS FILED IN SAN DIEGO COUNTY ON:**

\_\_\_\_\_, and assigned File No. \_\_\_\_\_  
DATE

**(4) IS (ARE) ABANDONED BY THE FOLLOWING REGISTRANT(S):**

#1 _____ Owner's Name or Corporation Name if incorporated	#2 _____ Owner's Name or Corporation Name if incorporated
_____ Residence Address or give STATE if incorporated	_____ Residence Address or give STATE if incorporated
_____ City State Zip	_____ City State Zip
#3 _____ Owner's Name or Corporation Name if incorporated	#4 _____ Owner's Name or Corporation Name if incorporated
_____ Residence Address or give STATE if incorporated	_____ Residence Address or give STATE if incorporated
_____ City State Zip	_____ City State Zip

I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

**(5)** \_\_\_\_\_  
(Signature of Registrant) (Print name of person signing and, if Corporate Officer, also state title)

THIS STATEMENT WAS FILED WITH GREGORY J. SMITH, RECORDER/COUNTY CLERK OF SAN DIEGO COUNTY, ON DATE INDICATED BY FILE STAMP ABOVE.

**FICTITIOUS BUSINESS NAME STATEMENT****(5) THIS BUSINESS IS HEREBY REGISTERED BY THE FOLLOWING, CONTINUED FROM PAGE 1:**

#5

Owner's Name or Corporation Name if incorporated

Residence Address or give STATE if incorporated

City

State (2 digits)

Zip

#6

Owner's Name or Corporation Name if incorporated

Residence Address or give STATE if incorporated

City

State (2 digits)

Zip

#7

Owner's Name or Corporation Name if incorporated

Residence Address or give STATE if incorporated

City

State (2 digits)

Zip

#8

Owner's Name or Corporation Name if incorporated

Residence Address or give STATE if incorporated

City

State (2 digits)

Zip

**FICTITIOUS BUSINESS NAME STATEMENT****(5) THIS BUSINESS IS HEREBY REGISTERED BY THE FOLLOWING, CONTINUED FROM PAGE 1:**

#9	_____		
	Owner's Name or Corporation Name if incorporated		
	_____		
	Residence Address or give STATE if incorporated		
	_____	_____	_____
	City	State (2 digits)	Zip
#10	_____		
	Owner's Name or Corporation Name if incorporated		
	_____		
	Residence Address or give STATE if incorporated		
	_____	_____	_____
	City	State (2 digits)	Zip
#11	_____		
	Owner's Name or Corporation Name if incorporated		
	_____		
	Residence Address or give STATE if incorporated		
	_____	_____	_____
	City	State (2 digits)	Zip
#12	_____		
	Owner's Name or Corporation Name if incorporated		
	_____		
	Residence Address or give STATE if incorporated		
	_____	_____	_____
	City	State (2 digits)	Zip
#13	_____		
	Owner's Name or Corporation Name if incorporated		
	_____		
	Residence Address or give STATE if incorporated		
	_____	_____	_____
	City	State (2 digits)	Zip
#14	_____		
	Owner's Name or Corporation Name if incorporated		
	_____		
	Residence Address or give STATE if incorporated		
	_____	_____	_____
	City	State (2 digits)	Zip